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OCT 07 2004

PATENT

Technology Center 2100

Application No.: 09/676,175
Filing Date: September 29, 2000
First Named Inventor Orna Etzion
Examiner's Name: Tonia L. Meonske
Art Unit: 2183
Attorney Docket No.: 042390.P7512

- An Amendment After Final Action (37 CFR 1.116) is attached and applicant(s) request expedited action.
- Charge any fee not covered by any check submitted to Deposit Account No. 02-2666.
- Applicant(s) hereby request and authorize the U.S. Patent and Trademark Office to (1) treat any concurrent or future reply that requires a petition for extension of time as incorporating a petition for extension of time for the appropriate length of time and (2) charge all required fees, including extension of time fees and fees under 37 CFR 1.16 and 1.17, for any concurrent or future reply to Deposit Account No. 02-2666.
- Applicant(s) claim small entity status (37 CFR 1.27).

ATTACHMENTS

- Preliminary Amendment
 Amendment/Response with respect to Office Action
 Amendment/Response After Final Action (37 CFR 1.116) (reminder: consider filing a Notice of Appeal)
 Notice of Appeal
 RCE (Request for Continued Examination)
 Supplemental Declaration
 Terminal Disclaimer (reminder: if executed by an attorney, the attorney must be properly of record)
 Information Disclosure Statement (IDS)
 Copies of IDS citations
 Petition for Extension of Time
 Fee Transmittal Document (that includes a fee calculation based on the type and number of claims)
 Cross-Reference to Related Application(s)
 Certified Copy of Priority Document
 Other: _____
 Other: _____
 Check(s)
 Postcard (Return Receipt)

SUBMITTED BY:

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TYPED OR PRINTED NAME: John P. Ward

SIGNATURE:

REG. NO.: 40,216

DATE: October 1, 2004

ADDRESS: 12400 Wilshire Boulevard, Seventh Floor

Los Angeles, California 90025

TELEPHONE NO.: (408) 720-8300

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria Virginia 22313-1450 on October 1, 2004

Date of Deposit

Patricia Richard

Name of Person Mailing Correspondence

10/01/04

Date

Signature

Express Mail Label No. (if applicable):

(10/14/03)

Send to: COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, Virginia 22313-1450



FEE TRANSMITTAL FOR FY 2005

(FY 2005 Begins 10/01/2004)

TOTAL AMOUNT OF PAYMENT (\$) 450.00

Complete if Known:

Application No. 09/676,175

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Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Credit any overpayments.

Charge any additional fees during the pendency of this application.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	
Code	Fee	Code	
1001	790	2001	Utility application filing fee
1002	350	2002	Design application filing fee
1003	550	2003	Plant filing fee
1004	790	2004	Reissue filing fee
1005	160	2005	Provisional application filing fee

SUBTOTAL (1) \$ 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	- 20** = _____	X	= _____
Independent Claims	- 3** = _____	X	= _____
Multiple Dependent			= _____

**Or number previously paid, if greater; For Reissues, see below.

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code	Fee	Code	Fee	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1814	110	2814	55
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,370	1454	1,370

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 450.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: John P. Ward

Signature: _____ Date: October 1, 2004

Reg. Number: 40,216 Telephone Number: (408) 720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450